Express Mail No. EV126129784US

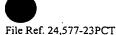
~ ~				For receiving Office use only	
PC	\mathbf{CT}			To recording out to all only	
REQU	UEST		International Application No.		
The undersigned requ	uests that the pre	sent	International Filing Date		
International applic	•		International Timing Bate		
according to the Pater	=			·	
according to the rates.	. Cooperation 1				
	• • • •	•	Name of receiving Office and	d "PCT International Application"	
•		,	Applicant's or agent's file referer (if desired) (12 characters maxis		
Box No. I TITLE OF INVE	ENTION		(3)		
Method and System for Displa	ying Confidence I	ntervals for S	ource Reconstruction	•	
Box No. II APPLICANT			s person in also inventor		
Name and address: (Family	name followed by	given name,	for a legal entity, full official	Telephone No.: (763) 717-3975	
			of country. The country of the		
of residence is indicated below		state (that is,	country) of residence if no State		
	DICS USA, IN	C.	•	Facsimile No.: (763) 717-3973	
	ity Avenue NE	E		Teleprinter No.	
Fridley, Minn	esota 55432		•	Applicant's registration No. with the	
US		;		Office	
State (that is, country) of natio	onality: US		State (that is, country) of resider	ice: US	
This person is applicant	all designated	🛛 all desig	· -	nited States	
for the purposes of:	States	the United	States of America OI Ar	nerica only the Supplemental Box	
Box No. III FURTHER AP	PLICANT(S) AN	D/OR (FUR	THER) INVENTOR(S)		
			for a legal entity, full official	This person is:	
			of country. The country of the country) of residence if no State		
of residence is indicated below			ountry) of residence if no bidge	applicant only	
FUCHS, Manfred			•	applicant and inventor	
Burgwedeltwiete 16	5b			inventor only (If this check-box is	
22457 Hamburg, Ge					
· ·	ermany			marked, do not fill in below.)	
	ermany	· · · · · · · · · · · · · · · · · · ·			
State (that is, country) of natio			State (that is, country) of residen	marked, do not fill in below.) Applicant's registration No. with the Office	
State (that is, country) of natio This person is applicant	nality: Germany all designated	all desig	mated States except	marked, do not fill in below.) Applicant's registration No. with the Office Ice: Germany inted States the States indicated in	
	nality: Germany		mated States except	marked, do not fill in below.) Applicant's registration No. with the Office ace: Germany	
This person is applicant	onality: Germany all designated States	the United	mated States except	marked, do not fill in below.) Applicant's registration No. with the Office Ice: Germany Interest the States indicated in the States in the S	
This person is applicant for the purposes of: Further applicants and/or (Box No. IV AGENT OR CO	nality: Germany all designated States (further) inventors DMMON REPRE	the United Sare indicated	mated States except	marked, do not fill in below.) Applicant's registration No. with the Office Ice: Germany Inited States	
This person is applicant for the purposes of: Further applicants and/or (Box No. IV AGENT OR CO The person identified below is	nality: Germany all designated States (further) inventors DMMON REPRE hereby/has been a	the United Sare indicated CSENTATIV ppointed to ac	mated States except	marked, do not fill in below.) Applicant's registration No. with the Office Ice: Germany Inited States the States indicated in the Supplemental Box ESPONDENCE	
This person is applicant for the purposes of: Further applicants and/or (Box No. IV AGENT OR CO The person identified below is of the applicant(s) before the co	nality: Germany all designated States (further) inventors DMMON REPRE hereby/has been a ompetent Internation	the United Sare indicated SENTATIV ppointed to aconal Authorit	mated States except	marked, do not fill in below.) Applicant's registration No. with the Office Ice: Germany Inited States	
This person is applicant for the purposes of: Further applicants and/or (Box No. IV AGENT OR CO The person identified below is of the applicant(s) before the co	anality: Germany all designated States (further) inventors DMMON REPRE hereby/has been a competent Internationame followed by	the United Sare indicated SENTATIV ppointed to aconal Authority give name	mated States except	marked, do not fill in below.) Applicant's registration No. with the Office Ice: Germany Inited States	
This person is applicant for the purposes of: Further applicants and/or (Box No. IV AGENT OR CO The person identified below is of the applicant(s) before the co Name and address: (Family designation. The address must	all designated States (further) inventors DMMON REPRE hereby/has been a ompetent Internation name followed it include postal co	the United Sare indicated SENTATIV ppointed to aconal Authority give name de and name	mated States except	marked, do not fill in below.) Applicant's registration No. with the Office ace: Germany inted States the States indicated in the Supplemental Box ESPONDENCE common representative	
This person is applicant for the purposes of: Further applicants and/or (Box No. IV AGENT OR CO The person identified below is of the applicant(s) before the co Name and address: (Family designation. The address must Klos, John F. FULBRIGHT &	all designated States (further) inventors DMMON REPRE hereby/has been a competent Internationame followed by t include postal co	the United Sare indicated SENTATIV ppointed to acoust Authority give name de and name	mated States except	Applicant's registration No. with the Office The States indicated in the Supplemental Box Applicant's registration No. 612-321-2800 Facsimile No. 612-321-2800 Facsimile No. 612-321-9600	
This person is applicant for the purposes of: Further applicants and/or (Box No. IV AGENT OR CO The person identified below is of the applicant(s) before the co Name and address: (Family designation. The address must Klos, John F. FULBRIGHT & 225 South Sixth	all designated States (further) inventors DMMON REPRE hereby/has been a competent Internationame followed by to include postal co	the United Sare indicated CSENTATIV ppointed to aconal Authority give name de and name L.L.P.	mated States except	marked, do not fill in below.) Applicant's registration No. with the Office Ice: Germany Inited States	
This person is applicant for the purposes of: Further applicants and/or (Box No. IV AGENT OR CO The person identified below is of the applicant(s) before the co Name and address: (Family designation. The address must Klos, John F. FULBRIGHT & 225 South Sixth Minneapolis, M.	all designated States (further) inventors DMMON REPRE hereby/has been a competent Internationame followed by to include postal co	the United Sare indicated CSENTATIV ppointed to aconal Authority give name de and name L.L.P.	mated States except	Applicant's registration No. with the Office The States indicated in the Supplemental Box Applicant's registration No. 612-321-2800 Facsimile No. 612-321-2800 Facsimile No. 612-321-9600	
This person is applicant for the purposes of: Further applicants and/or (Box No. IV AGENT OR CO The person identified below is of the applicant(s) before the co Name and address: (Family designation. The address must Klos, John F. FULBRIGHT & 225 South Sixth	all designated States (further) inventors DMMON REPRE hereby/has been a competent Internationame followed by to include postal co	the United Sare indicated CSENTATIV ppointed to aconal Authority give name de and name L.L.P.	mated States except	Applicant's registration No. with the Office The States indicated in the Supplemental Box Applicant's registration No. 612-321-2800 Facsimile No. 612-321-2800 Facsimile No. 612-321-9600	
This person is applicant for the purposes of: Further applicants and/or (Box No. IV AGENT OR CO The person identified below is of the applicant(s) before the co Name and address: (Family designation. The address must Klos, John F. FULBRIGHT & 225 South Sixth Minneapolis, M.	all designated States (further) inventors DMMON REPRE hereby/has been a competent Internationame followed by to include postal co	the United Sare indicated CSENTATIV ppointed to aconal Authority give name de and name L.L.P.	mated States except	Applicant's registration No. with the Office Ice: Germany Inited States	

Sheet No: 3

File Ref. 24,577-23PCT

Box No. VI PRIORITY CI The priority of the following		hereby claimed:			
		Where earlier application is:			
Filing Date of earlier application (day/month/year)	Number of earlier application	National application: Country	Regional application:* regional Office	International application: Receiving Office	
Item (1) 03/07/02	60/393,908	US			
Item (2)					
Item (3)			,		
Item (4)					
Item (5)					
Further priority claims are	indicated in the Supplemen	ntal Box.		<u> </u>	
The receiving Office is req the earlier application was file identified above as	quested to prepare and transed with the Office which for	smit to the International B	Bureau a certified copy of the resent international applica	e earlier application(s) (only if ation is the receiving Office)	
all items item (1)	item (2)	item (3)	item (5) other	see Supplemental Box	
* Where the earlier application Industrial Property or one Memb	ber of the World Trade Org	ganization for which that	earlier application was filed	! (Rule 4.10(b)(ii)	
BOX No. VII INTERNAT					
Choice of International Search international search, indicate the				e competent to carry out the	
ISA / EP			· ·	•	
Request to use results of earl International Searching Authority	y):			out by or requested from the	
Date (day/month/year)	Number	Cou	ntry (or regional Office):		
Box No. VIII DECLARATION					
The following declarations are c indicate in the right column the n			pplicable check-boxes below	w and Number of declarations	
☐ Box No. VIII(i)	Declaration as to the	he identity of the inventor			
☐ Box No. VIII(ii)	Declaration as to the to apply for and be		, as at the international filing	date,	
☐ Box No. VIII(iii)		Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application			
☐ Box No. VIII(iv)	Declaration of inve United States of Ar		urposes of the designation of	of the	
☐ Box No. VIII(v)	Declaration as to no	Declaration as to non-prejudicial disclosures or exceptions to lack of novelty			

This international application contains:	This international application is accompanied		
(a) the following number of sheets in paper form:	item(s)(mark the applicable check-boxes below and column the number of each item):	indicate in right of iter	
request (including declaration sheets) 4	1. 🔀 fee calculation sheet	1	
description (excluding sheets sequence 9	2. original signed power of attorney		
listing part)	3. original general power of attorney		
4	4. copy of general power of attorney; reference numi	per, if any:	
claims 3	5. statement explaining lack of signature		
	6. priority document(s) identified in Box No. VI as in	tem(s):	
abstract 1	7. Translation of international application into (language):		
drawings 5	separate indications concerning deposited microo biological material	rganisms or other	
Sub-total number of sheets	 separate listing in computer readable form (indical number of carriers (diskette, CD-Rom, CD-R or other) 	te also type and	
Sequence listing part of description (actual number of sheets if filed in a	(i) copy submitted for the purposes of internation 13ter only (and not as part of the international applications)		
paper form, whether or not also filed in computer readable form; see (b) below)	(ii) ☐ (only where check-box (b)(i) or b(ii) is marked additional copies including, where applicable, the co	ed in left column)	
	of international search under Rule 13ter	py for the purposes	
Total number of sheets 36	(iii) together with relevant statement as to the ide copies with the sequence listing part mentioned in le		
(b) sequence listing part of description filed in computer readable form	10. ☑ other (specify): return receipt postcard		
(i) only (under Section 801(a)(I))			
(ii) in addition to being filed in paper form (under Section 801(a)(ii))	·		
Type and number of carriers	,		
(diskette, CD-ROM, CD-R or other) on			
which the sequence listing part is contained (additional copies to be	.		
indicated under item 9(ii), in right column):			
igure of the drawings 1 (one)	Language of filing of the international application: English		
Box No. X SIGNATURE OF APPLICA	NT OR AGENT	•	
lext to each signature, indicate the name of the com reading the request).	person signing and the capacity in which the person signs	(if such capacity is not obvio	
on reasons			
()our Kon		•	
ohn F. Klos, Applicant's Agent			
F	r receiving Office use only		
. Date of actual receipt of the purported nternational application:		2. Drawings:	
		4	
 Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application: 		[] received:	
. Date of timely receipt of the required corrections under PCT Article 11(2):		[] not received	
. International Searching Authority	6. [] Transmittal of search copy delayed	一	



_,			
Box No. V DESIGNATION OF STA	TES Mark the applicable check-boxes; as	least one must be marked.	
The following designations are hereby made under Rule 4.9(a) Regional Patent AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierre Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT			
EA Eurasian Patent: AM Armenia, AZ Federation, TJ Tajikistan, TM Turkmenistan, PCT	Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Ka and any other State which is a Contracting Sta	azakstan, MD Republic of Moldova, RU Russian atte of the Eurasian Patent Convention and of the	
Republic, DE Germany, DK Denmark, EE Es	tonia, ES Spain, FI Finland, FR France, GB Uds, PT Portugal, SE Sweden, SK Slovakia, TR T	and and Liechtenstein, CY Cyprus, CZ Czech nited Kingdom, GR Greece, IE Ireland, IT Italy, Turkey and any other State which is a Contracting	
GN Guinea, GQ Equatorial Guinea, GW Gu	inea-Bissau, ML Mali, MR Mauritania, NE N and a Contracting State of the PCT (if other kin	to, CI Côte d'Ivoire, CM Carneroon, GA Gabon, iger, SN Senegal, TD Chad, TG Togo, and any and of protection or treatment desired, specify on	
·	`	•	
□ AE United Arab Emirates	GH Ghana	MX Mexico	
☐ AG Antigua and Barbuda	⊠ GM Gambia		
⊠AL Albania		NO Norway	
⊠AM Armenia	⊠HU Hungary	⊠NZ New Zealand	
⊠AT Austria		≥ PH Philippines	
⊠AU Australia	⊠IL Israel	□ PL Poland	
	⊠IN India.	=	
⊠ AZ Azerbaijan		☑PT Portugal	
BA Bosnia and	⊠IS Iceland	⊠RO Romania	
Herzegovina	☑JP Japan	⊠RU Russian Federation	
⊠ BB Barbados	KE Kenya	·	
⊠BG Bulgaria	KG Kyrgyzstan KG Kyrgyzstan	⊠SD Sudan	
BR Brazil	KP Democratic People's Republic of	SE Sweden	
⊠BY Belarus	Korea	SG Singapore	
⊠BZ Belize	KR Republic of Korea	SI Slovenia.	
⊠CA Canada	KZ Kazakstan	SK Slovakia	
⊠CH & LI Switzerland and Liechtenstein	□LC Saint Lucia	SL Sierra Leone	
⊠CN China	⊠LK Sri Lanka	⊠TJ Tajikistan	
⊠CO Colombia	□ LR Liberia	☐ TM Turkmenistan	
	= 1		
⊠ CR Costa Rica	⊠LS Lesotho	TN Tunisia	
⊠CU Cuba	⊠LT Lithuania	⊠TR Turkey	
	⊠LU Luxembourg	☐TT Trinidad and Tobago	
DE Germany	∐LV Latvia	57	
☑DK Denmark	MA Morocco	▼ TZ The United Republic of Tanzania	
DM Dominica	MD Republic of Moldova	⊠UA Ukraine	
☑DZ Algeria	5	☑UG Uganda	
⊠EE Estonia	MG Madagascar	SUS United States of America	
EC Ecuador	MK The former Yugoslav Republic of	Continuation	
⊠ES Spain	Macedonia	UZ Uzbekistan	
⊠FI Finland	MN Mongolia	N Viet Nam No. 1	
	MW Malawi		
☑GD Grenada	·	ZA South Africa	
⊠GE Georgia		ZM Zambia	
_ •		ZW Zimbabwe	
	. •	-	
GQ Equatorial Guinea	ates which have become party to the PCT after is		
Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except the designations(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation of a designation consists of the filing of a notice specifying that designation and the payment of the designation and confirmation fees. Confirmation must reach the receiving Office within the 15-month time limit.)			



This sheet is not part of and does not count as a sheet of the international application.

rci	For	r receiving Office use only	•
FEE CALCULATION SHEET			
Annex to the Request	International application No		
Applicant's or agent's file reference: 24,577-23PCT	Date stamp of the receive	ing Office	
Applicant: Compumedics USA, Inc.			
CALCULATION OF PRESCRIBED FEES			
			,
1. TRANSMITTAL FEE		\$ 240.00 T	
2. SEARCH FEE		\$1,020.00 S	
International search to be carried out by <u>ISA / EP</u> (If two or more International Searching Authorities are comp			
the name of the Authority which is chosen to carry out the inte		пони аррисацон, інисите	
2 DITERMATIONAL PEE			
3. INTERNATIONAL FEE Basic Fee			,
Where item (b) of Box No. IX applies, enter Sub-total number			
Where item(b) of Box No. IX does not apply, enter Total number	per of sheets36		
b1 first 30 sheets	\$476.00 b ₁	•	
b2 5 x 12	\$ 60.00		•
number of sheets fee per sheet	b2		
in excess of 30			
b3 additional component (only if sequence listing part of desc	ription is filed in computer rea	dable form under	•
Section 801(a)(I), or both in that form and on paper, under Sec			
400 x = \$			
		٦ - ا	
Add amounts entered at b1, b2 and b3 and enter total at B	. \$536.00 B	J	
Designation Fees			
The international application contains <u>all</u> designations. 5 x \$104	ı \$520.00	_	·
no. of designation fees amount of designated fee	3520.00 D	<u>'</u>	
payable (maximum 5)	,		································
Add amounts entered at B and D and enter total at I	\$1,056.00		
(Applicants from certain States are entitled to a reduction			
international fee. Where the applicant is (or all applicants an total to be entered at I is 25% of the sum of the amounts enter			
	•		i
4. FEE FOR PRIORITY DOCUMENT (if applicable)		\$ 15.00 P	
5. TOTAL FEES PAYABLE	_		
Add amounts entered at T, S, I and P, and enter total in the TO	TAL box	\$2,331.00	
		TOTAL	
☐ The designation fees are not paid at this time.			
MODE OF PAYMENT			
□ authorization to charge □ bank draft	☐ cash	coupons	•
deposit account (see below) postal money order	revenue stamps	other (specify):	
☐ cheque			
AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT		Desciping Officer 119	
(This mode of payment may not be available at all receiving (Jinces)	Receiving Office: US Deposit Account No.: 50-1	1212 (24,577-23PCT)
Authorization to charge the total fees indicated above.		Date: July 1, 2003	•
(This check-box may be marked only if the conditions	Name: John F. Klos, Esq. Signature:	<u></u>	
receiving Office so permit) Authorization to charge any deficience		-0-	
in the total fees indicated above			
Authorization to charge the fee for priority document			